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Bib Data Sheet

CONFIRMATION NO. 3525

<b>SERIAL NUMBER</b> 10/053,436	<b>FILING DATE</b> 01/17/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> 01-727	
<b>APPLICANTS</b> Kevin O'Brien, Cincinnati, OH; Mark Daly, Cincinnati, OH;					
<b>** CONTINUING DATA *****</b> <i>W</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>W</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 02/14/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>M</i> Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Barry L. Kelmachter BACHMAN & LaPOINTE, P.C. Suite 1201 900 Chapel Street New Haven, CT 06510-2802					
<b>TITLE</b> Interactive system for providing healthcare information					
<b>FILING FEE RECEIVED</b> 505	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		